Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 106466000 **CLAIMS AS FILED - PART 1** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 375.00 BASIC FEE 750.00 OŔ 25 minus 20= TOTAL CHARGEABLE CLAIMS X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 4-05 CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) OR (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBËR PRESENT **AFTER** RATE TIONAL **PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus 25 X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=... +280= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI-PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL TIONAL **EXTRA** RATE **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING ADDI-NUMBER ADDI-**PRESENT** MENDMENT **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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OR

TOTAL

1

TOTAL

ADDIT. FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

MAR 0 4 2005

Approved for use through 07/03/22 (12-04)

Approved for use through 07/03/2008 (MM 0651-0031

U.S. Patient and Trademark Office: U.S. DEPARMENT OF COMMERCE

Under the properwork Reduction Act of 1993, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Dacket Number (Optional)	
FY 2005			MFS-31785-1	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/646,000				
1.100 1249 00 21, 2003				
For Video Guidance Sensor System with Integrated Rangefinding Art Unit 3662				
			Examiner B. Andrea	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	Small Entity Fee	
		\$120	\$60	S
N	Two months (37 CFR 1.17(a)(2))	\$450	\$225	s <u>450.00</u>
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached,				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-0116 I have enclosed a duplicate enclosed.				
Deposit Account Number 14-0116 I have enclosed a duplicate copy of this sheet. WAF-NING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
X attorney or agent of record. Registration Number 33,454				
CCOFED 0000001 488455vatidi/halmiselin acceptuder 37 CFR 1.34				
(450.00 place 340x				
Signature				
Jerry L. Seemann Typed or printed name			(256) 544-6580	
elephone number				
NOTE: Signatures of all the inventors or easigness of record of the entire interest or their representative(s) and required. Submit multiple forms if more than one signature is required, see below.				
X Total of forms are submitted.				

This catedion of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments of the type require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Petant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0189 and select option 2.

03/14/2005 01 FC:1252